

# Work Order ID 88240

**\*88240\***

Page 1

July-31-12 12:41:08 PM

Item ID: D4098-041 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Armrest Cushion Assembly  
 Start Date: 7/23/12 Start Qty: 2.00 **\*2\*** Cust Item ID:  
 Required Date: 8/24/12 Req'd Qty: 2.00 **\*2\*** Customer:  
 Reference:

Approvals: Process Plan: MLJ Date: 12/08/02 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_  
 Run Start **\*NR1\***  
 Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D4098	A

100 0.00  
**\*100\***  
 Purchasing Memo 0.00  
 Purchasing  
 Issue P/O: 17616  
 Ship with D4099-3 Bracket  
 Manufacture as per dwg D4098  
 Possible Supplier: AEROTEX INTERIORS INC.  
 Material release note is required

4/12-08-3

110 Receive & Inspect for Damage & Mat'l Certs 0.00  
**\*110\***  
 Packaging Memo 0.00  
 Packaging

4/12/10 (2)

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

**FAULT CATEGORY**

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

# Work Order ID 88240

\*88240\*

Page 2

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Item ID: D4098-041 Accept \*N900040100\* Setup Start \*NS1\*  
 Revision ID: Stop \*NS2\*  
 Item Name: Armrest Cushion Assembly  
 Start Date: 7/23/12 Start Qty: 2.00 \*2\* Cust Item ID:  
 Required Date: 8/24/12 Req'd Qty: 2.00 \*2\* Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120 *120* QC Quality Control	QC6- Inspect dimensions to drawing  Memo	0.00 0.00	DAS 16 S-3	17/6/14		42			
124 *124* Small Fab Small Fab	Memo 1- Locate and remove fabric from hole as per dwg	0.00 0.00				2x			9/2/09/18
126 *126* QC Quality Control	QC5- Inspect part completeness to step on W/O  Memo	0.00 0.00	SMB 12/9/18	DAS 16 S-3	17/6/14	2			

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

**FAULT CATEGORY**

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other
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# Work Order ID 88240

\*88240\*

Page 3

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Item ID: D4098-041

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Armrest Cushion Assembly

Start Date: 7/23/12 Start Qty: 2.00 \*2\*

Cust Item ID:

Required Date: 8/24/12 Req'd Qty: 2.00 \*2\*

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130	Identify as per dwg & Stock Location: <u>187</u>	0.00							
*130*									
Packaging	Memo	0.00							
Packaging									
140	QC21- Final Inspection - Work Order Release	0.00							
*140*									
QC	Memo	0.00							
Quality Control									

sl / 2 2 12/9/11

12/9/13

12-09-12

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	<b>Date</b>	<b>Step</b>	<b>Qty</b>	<b>Description of work order update or Non-conformance</b>	<b>Initial Chief Eng</b>	<b>Action Description</b>	<b>Sign &amp; Date</b>	<b>Verification</b>	<b>QC Inspector</b>		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other

# Picklist Print

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Page 1

Work Order ID: 88240

Parent Item: D4098-041

Parent Item Name: Armrest Cushion Assembly

Start Date: 7/23/12

Required Date: 8/24/12

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP Rev:A as per ECN10-573 DD 10.05.18 verf:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D4098-041P Armrest Cushion Assembly		Manufactured	No			110	Each	4.0000	1	2		7/27/12 (2)	
				<u>Location</u>		<u>Loc Qty</u>							
				ST		4							
				87900		4							
D4099-3 Bracket		Manufactured	No			100	Each	4.0000	1	2		CL 12/08/30	
				<u>Location</u>		<u>Loc Qty</u>							
				ST		4							
				87899									

X2 B 88853

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

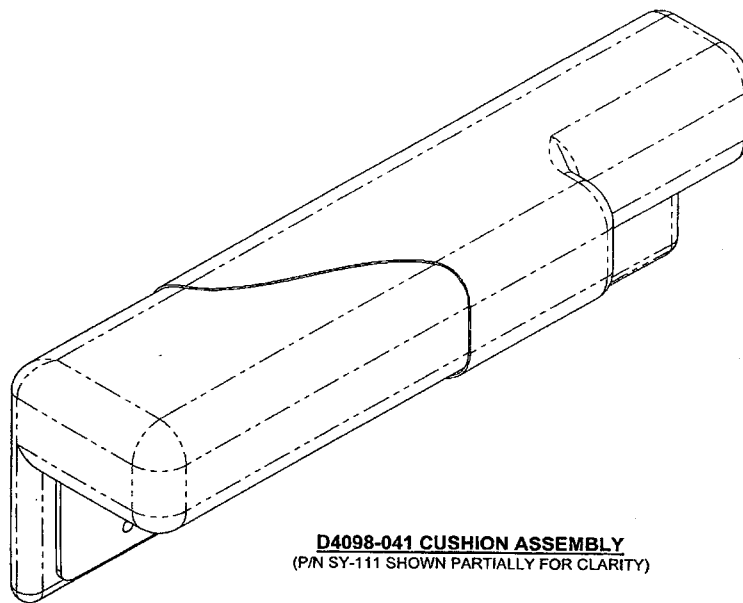
Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

**FAULT CATEGORY**

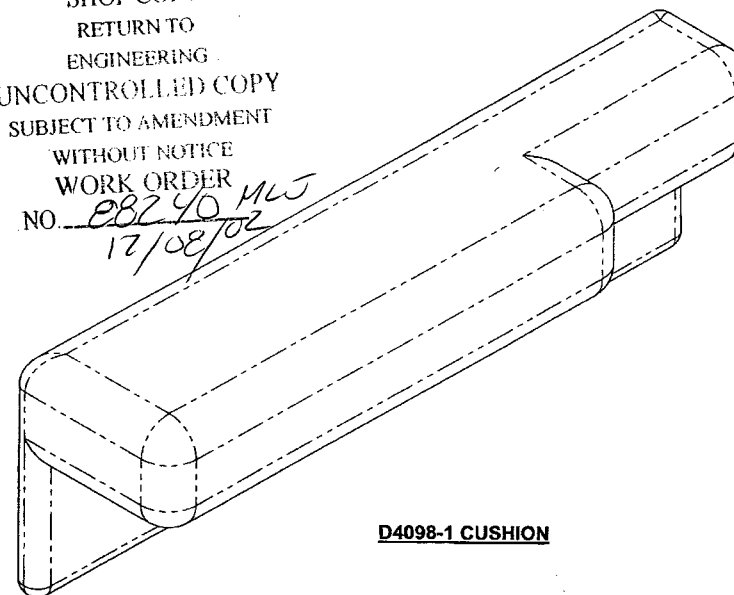
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other





**D4098-041 CUSHION ASSEMBLY**  
(P/N SY-111 SHOWN PARTIALLY FOR CLARITY)

SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO. 88240 MLJ  
17/08/02



**D4098-1 CUSHION**

**RELEASED**  
2010-05-17

REV.	NEW ISSUE	DESCRIPTION	MB	10.05.05
DESIGN			BY	DATE
DRAWN				
CHECKED				
MFG. APPR.				
APPROVED				
DE APPR.				
DATE	10.05.05-			

**DART AEROSPACE LTD**  
HAWKESBURY, ONTARIO, CANADA

DRAWING NO. **D4098** REV. A

SHEET 1 OF 3

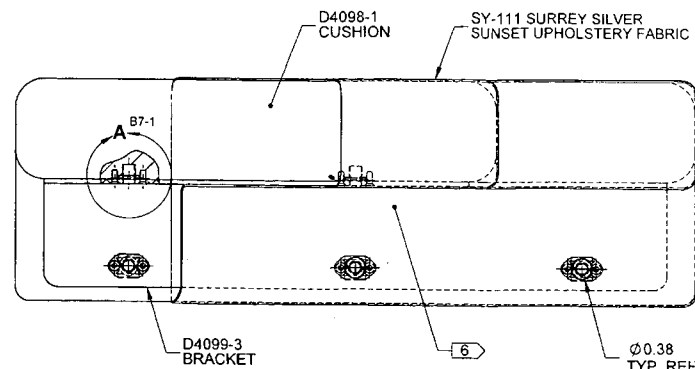
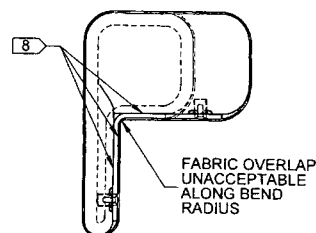
TITLE **CUSHION ASSEMBLY** SCALE NTS

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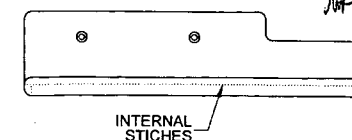
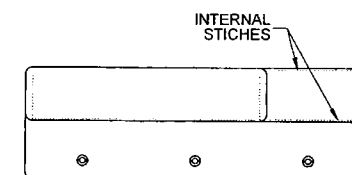
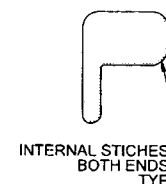
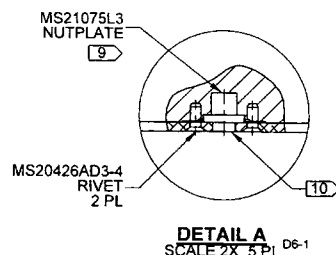
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88240

ITEM	QTY -041	P/N	DESCRIPTION
1	X	D4098-041	CUSHION ASSEMBLY
2	1	D4098-1	CUSHION
3	1	D4099-3	BRACKET
4	A/R	1300/1300L	3M SCOTCH-GRIP ADHESIVE
5	5	MS21075L3	NUT PLATE
6	10	MS20426AD3-4	RIVET
7	A/R	SY-111	SURREY SILVER SUNSET UPHOLSTERY FABRIC



**D4098-041 CUSHION ASSEMBLY**  
(P/N SY-111 SHOWN PARTIALLY FOR CLARITY)



**RELEASED**  
2010-05-17

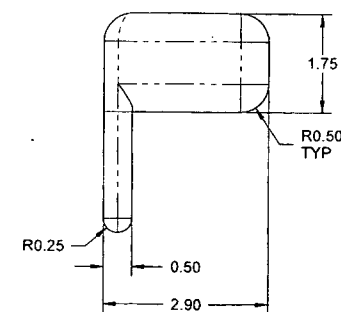
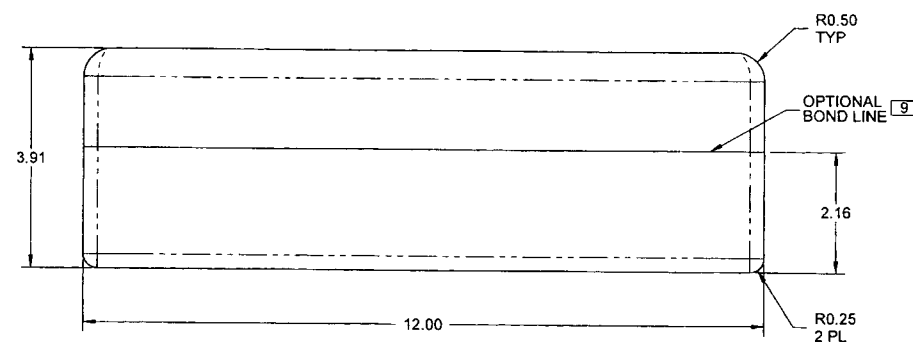
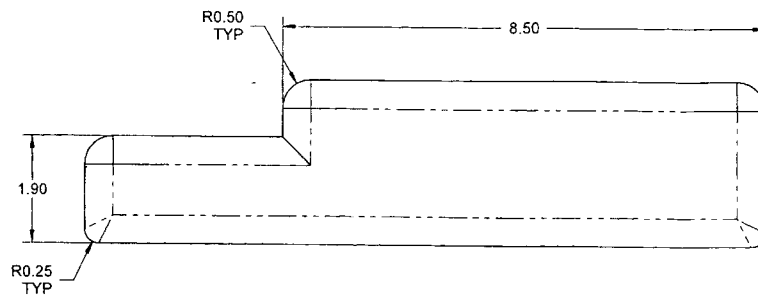
**D4098-041 CUSHION ASSEMBLY**  
**STITCHING PATTERN**

**D4098-041 NOTES:**

- 1) MATERIAL: COVER D4098-1/D4099-3 ASSEMBLY WITH SURREY SILVER SUNSET UPHOLSTERY FABRIC P/N SY-111. BOND FABRIC TO D4099-3 USING 3M 1300/1300L ADHESIVE (0.002" TO 0.010" THICK) IN ACCORDANCE WITH MANUFACTURER'S INSTRUCTIONS. THREAD: MIL-VT-295 TYPE II CLASS A, GREY NYLON THREAD, 4-6 STITCHES PER INCH, USE 1/2" MIN BACKSTITCH, NO LOOSE THREADS
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D4098-041" USING FINE POINT PERMANENT INK MARKER
- 7) WEIGHT: 0.69 lbs
- 8) BOND D4098-1 CUSHION TO D4099-3 BRACKET USING 3M 1300/1300L ADHESIVE (0.002" TO 0.010" THICK) IN ACCORDANCE WITH MANUFACTURER'S INSTRUCTIONS
- 9) IT IS ACCEPTABLE TO RELIEVE D4098-1 CUSHION WHERE THE NUTPLATES ARE LOCATED TO ENSURE PROPER CONTACT WITH D4099-3 BRACKET
- 10) HOLES MUST BE FREE OF ADHESIVE AND FABRIC

DESIGN	JA	<b>DART AEROSPACE LTD</b>	
DRAWN	JA	HAWKESBURY, ONTARIO, CANADA	
CHECKED	JP	DRAWING NO.	REV. A
MFG. APPR.	JP	<b>D4098</b>	SHEET 2 OF 3
APPROVED	JP	TITLE	SCALE
DE APPR.	JP	<b>CUSHION ASSEMBLY</b>	NTS
DATE	10.05.05	COPYRIGHT © 2010 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR REPRODUCED IN ANY MANNER WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

20240



# **D4098-1 CUSHION**

**RELEASED**  
2010-05-17

## **D4098-1 NOTES:**

- 1) MATERIAL: SKANDIA HR150 POLYFOAM (4.6 LBS/CU FT)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: NONE
- 7) WEIGHT: 0.37 lbs
- 8) POSSIBLE SUPPLIER: AEROTEX INTERIORS INC.
- 9) CUSHION MAY BE ASSEMBLED BY BONDING A 1.75" PIECE OF FOAM TO A 2.13" PIECE OF FOAM AS SHOWN ABOVE USING 3M 1300/1300L SCOTCH-GRIP ADHESIVE (0.002" TO 0.010" THICK) IN ACCORDANCE WITH MANUFACTURER'S INSTRUCTIONS

DESIGN	JA	<b>DART AEROSPACE LTD</b>	
DRAWN	JA	HAWKESBURY, ONTARIO, CANADA	
CHECKED	JP	DRAWING NO.	REV. A
MFG. APPR.	JS	<b>D4098</b>	SHEET 3 OF 3
APPROVED	JP	TITLE	SCALE
DE APPR.	JP	<b>CUSHION ASSEMBLY</b>	NTS
DATE	10.05.05	COPYRIGHT © 2010 BY DART AEROSPACE LTD	
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Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577

\*\*\*OUTSTANDING PO REPRINT\*\*\*

Purchase Order ID PO17616

Purchase Order Date 8/03/12

PO Print Date 8/30/12

Page Number 1 of 1

Order From :

VC-AER003

AEROTEX INTERIORS INC.  
2340 PEGASUS WAY NE  
UNIT 151  
CALGARY, AB T2E 8M5  
CA

Contact Name		Buyer	Brigitte Golden
Vendor Phone	403 295 8770	Requisition Nbr	
Vendor Fax	403 313 0793	Tax Resale Nbr	10127-2607
Vendor Account Nbr		Terms	Net 30
		Currency	CAD
		FOB	Destination-Collect

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty	Unit Price	Extended Price
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Ship To : DART AEROSPACE LTD 1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

FAKED  
8/12/12

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req. Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
	D4098-041P	Armrest Cushion Assembly	8/10/12 Yes	2.00 Each	FedEx Overnigh	\$171.9683	\$343.94

Special Inst: As per DWG: D4098 Rev: A  
B88240

Line Total: \$343.94

Outstanding PO Total: \$343.94

PO Instructions: We will be shipping the Bracket D4099-3 sometime next week

Change Nbr: 2

Change Date: 8/03/12

No substitution or deviation without  
consent.  
Certificate of Conformity or Material  
Certification required - **ES** NO



151-2540 Pegasus Way NE  
Calgary, AB T2E 8M5  
PH: 403.295.8770 FX: 403.313.0793  
EM: info@aerotex.ca WS: www.aerotex.ca

## Packing Slip

Date Packing Slip#

06/09/2012 12-C034

Ship: Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
CANADA

Bill: Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, Ontario K6A 1K7  
CANADA

Customer Phone  
613.632.5200

Customer Fax  
613.632.1053

Email: PURO ACCT 1-7684382

Ship Via  
FEDEX P1

Courier Acct No.  
151793240


Ship Date P.O. #  
06/09/2012 PO17616

Aircraft	Description	Part Number	Back Order	Shipped	Qty
DART	Armrest Cushion Assembly	D4098-041P			2
<del>DART</del>	<del>HEAD-REST COVER WITH 3 VELCRO CLOSURE AS</del> PER DWG D3306 GST On Sales	<del>D3306-041P</del>			<del>4</del>

Thank you for doing business with Aerotex Interiors!

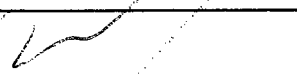
GST/HST No. 139110308

"your one stop shop for all your aircraft interior needs"  
www.aerotex.ca

1. Organization issuing certificate Aerotex Interiors Inc., 24 - 2333 18 Ave NE Calgary, AB T2E 8T6		2			3. Work Order / Contract / Invoice 12-0034	
4. Customer Name DART Aerospace Ltd. 1270 Aberdeen Street Hawkesbury, ON K6A 1K7					5. Customer Purchase Order PO17616	
6. Item	7. Description	8. Part No./Specification	9. Qty.	10. Batch No.	11. Status	
1	Amerbelle Nylon Packcloth in Dark Gull Grey	420/420 56/44	NA	5065	New	
2	Skandia 1" Hook	SBLK1.00H	NA	5049	New	
3	Skandia 1" Loop	SBLK1.00L	NA	5049	New	
4	Grey Nylon Thread	MIL-VT-295 TYPE II CL A	NA	4822	New	
12. Remarks I certify that the materials supplied for the Purchase Order listed above conform to Aerotex Interiors's material/process specification and are in all respects in conformance with the contract requirements. I further certify that items have been fabricated to established specification to confirm with DWG NO. D3306						
13. Signature 		14. Title Manager				
15. Name Carson Chanthyvong		16. Date September 7, 12				

DAS  
16

12/05/14

1. Organization issuing certificate Aerotex Interiors Inc., 24 - 2333 18 Ave NE Calgary, AB T2E 8T6		2. <b>CERTIFICATE OF CONFORMANCE</b>			3. Work Order / Contract / Invoice 12-0034
4. Customer Name Dart Aerospace Ltd. 1270 Aberdeen Street Hawkesbury, Ontario K6A 1K7 Canada					5. Customer Purchase Order PO17616
6. Item	7. Description	8. Part No./Specification	9. Qty.	10. Batch No.	11. Status
1	FOAM - HR Polyurethane 150 ILD	HR 150	N/A	5033	NEW
2	FABRIC - Surrey Silver	Surrey Silver	N/A	4935	
12. Remarks I certify that the materials supplied for the Purchase Order listed above conform to Aerotex Interiors's material/process specification and are in all respects in conformance with the contract requirements. I further certify that items have been fabricated to established specification to confirm with DWG NO. D4098					
13. Signature 		14. Title Manager			
15. Name Carson Chanthavong		16. Date September 7, 2012			

DAS  
16

17616